

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Black PAC			FEC IDENTIFICATION NUMBER ▼ C C00609388		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report			<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		
Full Name of Payee Burrell Communications Group, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2020		
Mailing Address 233 N Michigan Ave Ste 2900			Amount 591675.00		
City Chicago	State IL	Zip Code 60601-5709	Transaction ID : VTDG0AEPYP3		
Purpose of Expenditure Media Buy - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Tillis, Thom, R., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1111706.24	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Burrell Communications Group, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2020		
Mailing Address 233 N Michigan Ave Ste 2900			Amount 3830.00		
City Chicago	State IL	Zip Code 60601-5709	Transaction ID : VTDG0AEPYQ1		
Purpose of Expenditure Media Production - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Tillis, Thom, R., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1111706.24	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			595505.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Shropshire, Adrienne, R., ,</i>		[Electronically Filed]		Date MM / DD / YYYY 09 / 23 / 2020	

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Full Name of Payee Deliver Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2020	
Mailing Address PO Box 100970		Amount 14854.96	
City Arlington	State VA	Zip Code 22210-3970	Transaction ID : VTDG0AEPYK9
Purpose of Expenditure Direct Mail - Estimate		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate McBath, Lucia, K., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 State: GA
Calendar Year-To-Date Per Election for Office Sought		14854.96	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	14854.96
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	610359.96

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Shropshire, Adrienne, R., ,

[Electronically Filed]

Date

MM / DD / YYYY
09 / 23 / 2020

Signature